

APPLICANT INFORMATION

ORGANIZATION:\_\_\_\_\_

Name:\_\_\_\_\_

Cell:\_\_\_\_\_Fax:\_\_\_\_\_

Address:\_\_\_\_\_

Home:\_\_\_\_\_Work:\_\_\_\_\_

City:\_\_\_\_\_

Email: \_\_\_\_\_

Proof of Residency:\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone\_\_\_\_\_Fax:\_\_\_\_\_

Is this a non-profit organization? ☐ No ☐ Yes

If yes, non-profit # is:\_\_\_\_\_

EVENT INFORMATION

Type of Event:\_\_\_\_\_

No. of Guests:\_\_\_\_\_Adults:\_\_\_\_\_Youth \_\_\_\_\_

Will Food be served? ☐ Yes ☐ No

If yes: ☐ catered-in ☐ prepared in Kitchen

Will Alcohol be served? ☐ Yes ☐ No

Will Alcohol be sold? ☐ Yes ☐ No

Admission Charge? ☐ Yes ☐ No

Amounts: \$\_\_\_\_\_

REQUESTED DATE:

Date

From

To

# of Hours

Set-Up and Prepare\* \_\_\_\_\_

ACTUAL EVENT \_\_\_\_\_

Bar Service closes at 11pm / Music must stop at 11: 45pm / All guests must leave before midnight / Cleanup 12am-1am

\*If you want to use the Hall the day before for deliveries, decor, or rehearsal, there is a minimum of 3 hours rental period.

REQUESTED ROOM(s):

☐ Combo Pkg. ☐ Men Lounge ☐ Room 204 ☐ Room 218 ☐ Kitchen & Bar

☐ Main Hall ☐ Ladies Lounge ☐ Room 204 A ☐ Room 218 A ☐ Kitchen Only

☐ Dining Room ☐ Room 105 ☐ Room 204 B ☐ Room 218 B ☐ Courtyard

REQUESTED EQUIPMENT:

CHAIRS\_\_\_\_\_TABLES 18"x 6' \_\_\_\_\_ 30"x 30" \_\_\_\_\_30"x 6' \_\_\_\_\_ 30"x 8' \_\_\_\_\_ Round 6' \_\_\_\_\_

Lecterns, Easels\_\_Screen\_\_

REQUIRED SECURITY\_\_\_\_\_ guards are required before opening the doors to the public, and until all guests have left the Building and the security force is dully discharged by the facility coordinator. A copy of the Security Contract must be filed with the Hollister Recreation Division 30 working days prior to the date of the event.

Date Received \_\_\_\_\_

PERMITS AND LICENSES The permittee shall comply with all applicable city, county, state and federal laws, and obtain all permits, business licenses, and notifications required for this event.

Date Received \_\_\_\_\_

INSURANCE The permittee shall have insurance naming the City of Hollister as an additional insured in the amount of \$1,000,000. If this cannot be provided by permittee's homeowner's or business' insurance, then it may be purchased through the Recreation Division.

Date Received \_\_\_\_\_

- ACTIVITIES PROHIBITED IN THE VETERANS' MEMORIAL BUILDING:

• Placing of decorations in non-designated areas and/or attaching decorations with nails, pushpins, staples, or tape.

• Rearranging furniture without authorization from facility monitor.

• Consumption of Food or Beverages or sale of alcoholic beverages other than in the specifically designated areas.

• Smoking is not allowed anywhere in the facility.

CLEAN-UP RESPONSIBILITIES TO BE PERFORMED BY THE USER:

• Remove all equipment, decorations and personal items brought in for the event.

• Dispose of all waste produced by the event into the appropriate trash bin.

• Sweep and mop Kitchen and Bar areas, and clean sinks, counters, and cooking and refrigeration equipment.

HOLD HARMLESS AGREEMENT

It is an express condition of this Permit that the City of Hollister shall be free from any and all liabilities and claims for damages and/or suits for and by reason of any death(s) or injuries to any person or persons or damages to property of any kind whatsoever, whether the person or property of Permittee, its agents or employees, or third persons, from any cause or causes whatsoever while in or upon the permitted premises or any premises or any activity carried on by Permittee in connection therewith; and Permittee hereby covenants and agrees to indemnify and to save harmless the City of Hollister from all liabilities, charges, expenses (including attorneys' fees) and costs on account of or by reason of any such death(s), injuries, liabilities, claims, suits or losses, however occurring, or damages growing out of the same.

I agree to abide by and enforce all rules and regulations of the City of Hollister which pertain to use of the facilities requested, and to be responsible for returning the facilities to the City of Hollister in the same condition in which received and to reimburse the City of Hollister through forfeiture of deposit and/or additional reimbursement for any loss or damage related to use of the Veterans' Memorial Building.

Date:\_\_\_\_\_

Signature:\_\_\_\_\_

1\\Coh-home\\RecreationPublic\\Veterans' Building\\Master Forms\\vetsRentalForm.doc 10/31/07

FOR OFFICE USE ONLY			
USER CATEGORY: 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>			
CHARGES:		Date received:	Staffer:
Application Fee:	_____	_____	_____
Room Rental:	_____	_____	_____
Furniture Rental:	_____	_____	_____
Insurance:	_____	_____	_____
Security Deposit:	_____	_____	_____
Total:	_____	_____	_____

WALK THROUGH <i>BEFORE</i> THE EVENT			
Alternate Contact Person: _____Telephones: _____			
Check floors, walls, windows, mirrors and counters for cleanliness, inside and outside the building.			
Check furniture and kitchen equipment.			
Lobbies & halls	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Main Hall	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Dinning Room	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Furniture	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Bathrooms	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Kitchen and Bar	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Equipment	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Stage	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Lounge Rooms	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Courtyard	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Additional comments: _____			
I have inspected and agreed that all the above mentioned items, other than the exceptions noted, are clean and undamaged			
Renter	Date and Time		

DURING THE EVENT			
SECURITY: IN at _____No. of guards_____men _____women _____OUT at _____			
Doors opened to the public at _____Attendance Count: _____			
Comments _____			
_____			
ADDITIONAL EQUIPMENT and/or SERVICES REQUESTED AND PROVIDED DURING THE EVENT:			
_____			
_____			

WALK THROUGH <i>AFTER</i> THE EVENT			
Check floors, walls, windows, counters and equipment for cleanliness, inside and outside the building.			
Lobbies & Halls	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Main Hall	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Dinning Room	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Bathrooms	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Kitchen and Bar	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Stage	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Back Stage	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Equipment	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
Courtyard	<input type="checkbox"/> Acceptable	<input type="checkbox"/> NOT Acceptable	Reason_____
DAMAGES: _____			
_____			
I have inspected all the above mentioned areas and accept responsibility for the damages and additional expenses listed above. Comments: _____			
_____			
Renter	Date & Time		

After the closing inspection, there were no apparent damages or additional expenses to be deducted from the renter’s security deposit.

Comments: \_\_\_\_\_

\_\_\_\_\_

City staff\_\_\_\_\_Date & Time\_\_\_\_\_